

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

05

01

2011

through

05

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

06

14

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	1836473.19
(b) Cash on Hand at Beginning of Reporting Period	2212256.55	
(c) Total Receipts (from Line 19)	194478.80	836151.05
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2406735.35	2672624.24
7. Total Disbursements (from Line 31)	67265.25	333154.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2339470.10	2339470.10
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	80731.80	299896.64
(ii) Unitemized	21787.21	68208.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)	102519.01	368104.79
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	107519.01	373104.79
12. Transfers From Affiliated/Other Party Committees	86700.00	455500.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	1334.52
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	259.79	711.74
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	194478.80	836151.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	194478.80	836151.05

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	315.25	2904.14	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	315.25	2904.14	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	66950.00	330250.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	67265.25	333154.14	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67265.25	333154.14	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	107519.01	373104.79
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	107519.01	373104.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	315.25	2904.14
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1334.52
38. Net Operating Expenditures (subtract Line 37 from Line 36)	315.25	1569.62

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 109

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Dewey Davis

Mailing Address 1923 South Utica Avenue

City

Tulsa

State

OK

Zip Code

74104-6502

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Medical Center

Occupation

Vice President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	1

Transaction ID: 19119616

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Sr M Therese Gottschalk

Mailing Address P O Box 4753

City

Tulsa

State

OK

Zip Code

74159-0753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marian Health System

Occupation

President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	1

Transaction ID: 19119617

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. C. Bruce Lawrence

Mailing Address 3366 NW Expressway

City

Oklahoma City

State

OK

Zip Code

73112-4481

FEC ID number of contributing
federal political committee.

C

Name of Employer
INTEGRIS Health

Occupation

President and Chief Operating Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	1

Transaction ID: 19119622

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Jane McDowell

Mailing Address P O Box 90

City

Waurika

State

OK

Zip Code

73573-0090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson County Hospital

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 19119624

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Valerie Round

Mailing Address 1004 East Bryan

City

Sapulpa

State

OK

Zip Code

74066-4513

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Sapulpa

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 19119633

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Kathy Smarinsky

Mailing Address 1923 S. Utica Avenue

City

Tulsa

State

OK

Zip Code

74104-6520

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Medical Center

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 19119634

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. David R Stire

Mailing Address 3500 East Frank Phillips Boulevard

City

Bartlesville

State

OK

Zip Code

74006-2411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jane Phillips Medical Cen-
ter

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 19119635

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Steve M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Hampshire Hospital As-
sociation

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.04

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 19126445

Amount of Each Receipt this Period

41.64

C.

Full Name (Last, First, Middle Initial)

Mr. Steve M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Hampshire Hospital As-
sociation

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.68

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 1 1

Transaction ID: 19126448

Amount of Each Receipt this Period

41.64

SUBTOTAL of Receipts This Page (optional)

333.28

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Dennis C Millirons, FACHE

Mailing Address 801 Broadway North

City

Fargo

State

ND

Zip Code

58122-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sanford Medical Center Fa-
rgo

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 19126449

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Page Bachman

Mailing Address 1923 South Utica Avenue

City

Tulsa

State

OK

Zip Code

74104-6520

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Medical Center

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: 19126461

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Jessie Dragoo, R.N.

Mailing Address St. John Medical Center
1923 S. Utica Ave.

City

Tulsa

State

OK

Zip Code

74104-6520

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Medical Center

Occupation
Chief Nurse Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: 19126462

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. James D Moore, FACHE

Mailing Address 1201 Health Center Parkway

City State Zip Code
 Yukon OK 73099-6381

FEC ID number of contributing
federal political committee.

C

Name of Employer
 INTEGRIS Canadian Valley
 Hospital

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 0 / 2 0 1 1

Transaction ID: 19126477

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. David L Phillips

Mailing Address 12451 East 100th Street North

City State Zip Code
 Owasso OK 74055-4600

FEC ID number of contributing
federal political committee.

C

Name of Employer
 St. John Owasso

Occupation
 President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 0 / 2 0 1 1

Transaction ID: 19126479

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Mr. Timothy Young

Mailing Address 1923 South Utica Avenue

City State Zip Code
 Tulsa OK 74104-6502

FEC ID number of contributing
federal political committee.

C

Name of Employer
 St. John Medical Center

Occupation
 Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 0 / 2 0 1 1

Transaction ID: 19126484

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. William A McDonald

Mailing Address 703 Main Street

City

Paterson

State

NJ

Zip Code

07503-2621

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph's Healthcare
System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 1

Transaction ID: 19126493

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas J Senker, FACHE

Mailing Address 175 High Street

City

Newton

State

NJ

Zip Code

07860-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newton Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 1

Transaction ID: 19126494

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Joseph A Trunfio, PhD

Mailing Address 10 Eagle Rock Drive

City

Boonton Township

State

NJ

Zip Code

07005-9520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 1

Transaction ID: 19126507

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Daniel A Kane

Mailing Address 40 Palisades Avenue

City

Cresskill

State

NJ

Zip Code

07626-2118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayonne Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 1

Transaction ID: 19126508

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Aline M. Holmes

Mailing Address 19 Ashford Drive

City

Plainsboro

State

NJ

Zip Code

08536-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation

Senior VP, Clinical Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 1

Transaction ID: 19126511

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Delia O'Connor

Mailing Address 25 Highland Avenue

City

Newburyport

State

MA

Zip Code

01950-3867

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anna Jaques Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: 19126700

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 109

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Bradford W Dykes

Mailing Address 2900 West 16th Street

City

Bedford

State

IN

Zip Code

47421-3510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana University Health
Bedford Hosp

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: 19126715

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Douglas J Leonard

Mailing Address 1 American Sq Ste 900

City

Indianapolis

State

IN

Zip Code

46282-0020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Hospital Associat-
ion

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: 19126716

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Brian Tabor

Mailing Address 10762 Forest Lake Court

City

Indianapolis

State

IN

Zip Code

46278-9610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Hospital Associat-
ion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: 19126719

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. David H. Wiesman

Mailing Address 4521 Hickory Grove Blvd.

City

Greenwood

State

IN

Zip Code

46143-7448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Hospital Associat-
ion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: 19126720

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. James R Prister

Mailing Address 5601 South County Line Road

City

Hinsdale

State

IL

Zip Code

60521-4875

FEC ID number of contributing
federal political committee.

C

Name of Employer
R M L Specialty Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19126741

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Stobo, MD

Mailing Address 1111 Franklin Street
11th Floor

City

Oakland

State

CA

Zip Code

94607-5201

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of California-
Systemwide Ad

Occupation

Sr. VP, Health Sciences & Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: 19126742

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 109

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John T Porter

Mailing Address 3900 West Avera Drive, Suite 301

City	State	Zip Code
Sioux Falls	SD	57108-5721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avera HealthOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	8	/	2	0	1	1

Transaction ID: 19126743

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey S Drop

Mailing Address 4816 Amber Valley Parkway

City	State	Zip Code
Fargo	ND	58104-8404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catholic Health InitiativesOccupation
SVP Division Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: 19126745

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Arlene Patterson Stein

Mailing Address 5965 Wilson Rd.

City	State	Zip Code
Colorado Springs	CO	80919-3553

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Health SystemOccupation
Board Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	6	/	2	0	1	1

Transaction ID: 19126751

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Steve M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Hampshire Hospital As-
sociation

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.32

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 1 1

Transaction ID: 19127043

Amount of Each Receipt this Period

41.64

B.

Full Name (Last, First, Middle Initial)

Mr. Warren Tardy

Mailing Address 310 25th Avenue North
Suite 101

City

Nashville

State

TN

Zip Code

37203-1515

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCA

Occupation

Director, Public Policy Management Gro

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: 19127044

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Letricia Towns

Mailing Address 877 Jefferson Avenue

City

Memphis

State

TN

Zip Code

38103-2807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Medical Center
at Memphis

Occupation

VP, Government Relations & Public Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: 19127045

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

541.64

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 109

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Michelle L Joy

Mailing Address 615 Fairhurst Street

City

Sterling

State

CO

Zip Code

80751-4523

FEC ID number of contributing
federal political committee.**C**Name of Employer
Sterling Regional MedCent-
er

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	1

Transaction ID: 19127051

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Russell Johnson

Mailing Address 106 Blanca Avenue

City

Alamosa

State

CO

Zip Code

81101-2393

FEC ID number of contributing
federal political committee.**C**Name of Employer
San Luis Valley Regional
Medical Centre

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	1

Transaction ID: 19127052

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steven J. Summer

Mailing Address 7335 East Orchard Road
Suite 100

City

Greenwood Village

State

CO

Zip Code

80111-2582

FEC ID number of contributing
federal political committee.**C**Name of Employer
Colorado Hospital Associa-
tion

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	1

Transaction ID: 19127053

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 109

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mark Dixon

Mailing Address 7102 Heatherton Trail

City

Edina

State

MN

Zip Code

55435-4121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairview Health Services

Occupation

Regional President, Southwest

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	8	/	2	0	1	1

Transaction ID: 19127060

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Larry A Schulz

Mailing Address P O Box 728

City

Fergus Falls

State

MN

Zip Code

56538-0728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Region Healthcare Co-
rporation

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	8	/	2	0	1	1

Transaction ID: 19127062

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Bradley Beard

Mailing Address 6401 France Avenue South

City

Edina

State

MN

Zip Code

55435-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairview Southdale Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	1	1

Transaction ID: 19127069

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Christine K Harff

Mailing Address P O Box 531

City

Thief River Falls

State

MN

Zip Code

56701-0531

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sanford Medical Center Th-
ief River Fal

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 1

Transaction ID: 19127078

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Lawrence J Massa

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 1

Transaction ID: 19127082

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Dan D Rohrbach

Mailing Address 201 9th Street West

City

Ada

State

MN

Zip Code

56510-1279

FEC ID number of contributing
federal political committee.

C

Name of Employer
Essentia Health Ada

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 1

Transaction ID: 19127084

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 109

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Patrick B Nolan

Mailing Address 1000 North Shenandoah Avenue

City

Front Royal

State

VA

Zip Code

22630-3547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warren Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: 19127087

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Fred M Rankin, III

Mailing Address 2300 Fall Hill Avenue, Suite 308

City

Fredericksburg

State

VA

Zip Code

22401-3343

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Washington Healthcare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: 19127088

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Laurens Sartoris

Mailing Address 7 East Glenbrooke Circle

City

Richmond

State

VA

Zip Code

23229-8001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Hospital & Health-
care Associa

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: 19127089

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. George L Heck, III

Mailing Address P O Box 1287

City

Douglas

State

GA

Zip Code

31534-1287

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coffee Regional Medical
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: 19127123

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. James W Eyley, FACHE

Mailing Address 340 Hospital Drive

City

Macon

State

GA

Zip Code

31217-3838

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coliseum Psychiatric Cent-
er

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: 19127124

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Herb B. Kuhn

Mailing Address 5310 Saddlebrooke Lane

City

Lohman

State

MO

Zip Code

65053-9353

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 1

Transaction ID: 19127240

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 109

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Daniel R. Landon

Mailing Address 1811 Forest Park Court

City

Jefferson City

State

MO

Zip Code

65109-9782

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation

Sr. Vice President, Governmental Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	5	/	2	0	1	1

Transaction ID: 19127241

Amount of Each Receipt this Period

62.50

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas E Wilhelmsen, Jr

Mailing Address P O Box 2014

City

Nashua

State

NH

Zip Code

03061-2014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern New Hampshire Me-
dical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	3	/	2	0	1	1

Transaction ID: 19128983

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Rick Phelps

Mailing Address 366 Wallace Road

City

Bedford

State

NH

Zip Code

03110-4829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elliot Hospital

Occupation

Executive Vice President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	3	/	2	0	1	1

Transaction ID: 19128985

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

762.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 109

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Michelle McEwen

Mailing Address 16 Hospital Road

City

Plymouth

State

NH

Zip Code

03264-1126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Speare Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	3	/	2	0	1	1

Transaction ID: 19128986

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Scott W Howe

Mailing Address 173 Middle Street

City

Lancaster

State

NH

Zip Code

03584-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weeks Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	3	/	2	0	1	1

Transaction ID: 19128987

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Sally Nan Barber

Mailing Address P O Box 800809

City

Charlottesville

State

VA

Zip Code

22908-0809

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Virginia Me-
dical Center

Occupation

Special Advisor State&Federal Relation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	5	/	2	0	1	1

Transaction ID: 19129181

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 109

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Michael V Gentry

Mailing Address 1328 Murray Drive

City

Chesapeake

State

VA

Zip Code

23322-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Healthcare

Occupation

Corporate Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	5	/	2	0	1	1

Transaction ID: 19129182

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms. Vicky G. Gray

Mailing Address 6015 Poplar Hall Drive
Suite 102

City

Norfolk

State

VA

Zip Code

23502-3819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Healthcare

Occupation

Senior Vice President, Systems Develop

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	5	/	2	0	1	1

Transaction ID: 19129183

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Jennifer W. Siciliano

Mailing Address 8110 Gatehouse Road
Suite 200 East Tower

City

Falls Church

State

VA

Zip Code

22042-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Fairfax Hospital

Occupation

Asst VP Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	5	/	2	0	1	1

Transaction ID: 19129184

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Adrian Stanton

Mailing Address 5013 Fleming Drive

City

Annandale

State

VA

Zip Code

22003-4110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Hospital Center -
Arlington

Occupation

Vice President/CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 1

Transaction ID: 19129185

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms. Darlene Vrotsos

Mailing Address 2653 Park Tower Drive

City

Vienna

State

VA

Zip Code

22180-7386

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Hospital Center -
Arlington

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 1

Transaction ID: 19129186

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Shelly Dunham

Mailing Address P O Box 489

City

Okeene

State

OK

Zip Code

73763-0489

FEC ID number of contributing
federal political committee.

C

Name of Employer
Okeene Municipal Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 1

Transaction ID: 19129210

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Chris Hammes

Mailing Address 3300 NW Expressway

City

Oklahoma City

State

OK

Zip Code

73112-4418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integrus Baptist Medical
Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 1

Transaction ID: 19129212

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr Robert Langland

Mailing Address 110 West 7th Street, Ste 2540

City

Tulsa

State

OK

Zip Code

74119-1104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hillcrest HealthCare Syst-
em

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 1

Transaction ID: 19129214

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. James D Moore, FACHE

Mailing Address 1201 Health Center Parkway

City

Yukon

State

OK

Zip Code

73099-6381

FEC ID number of contributing
federal political committee.

C

Name of Employer
INTEGRIS Canadian Valley
Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 1

Transaction ID: 19129216

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John Chessare

Mailing Address 307 F Charles Street

City State Zip Code
Towson MD 21204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Baltimore Medical
Center

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 19129228

Amount of Each Receipt this Period

510.00

B.

Full Name (Last, First, Middle Initial)

Ms. Carmela Coyle

Mailing Address 6820 Deerpath Road

City State Zip Code
Elkridge MD 21075-6200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maryland Hospital Associa-
tion

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 19129245

Amount of Each Receipt this Period

510.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steven Coyle

Mailing Address 2902 South Lake Dr.

City State Zip Code
Davidsonville MD 21035-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer
NASA

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 19129246

Amount of Each Receipt this Period

510.00

SUBTOTAL of Receipts This Page (optional)

1530.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 109

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas C Dowdell, , FACHE

Mailing Address 1026 Cherrywood Avenue

City

Cumberland

State

MD

Zip Code

21502-1939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital and Med-
ical Center o

Occupation

Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	1

Transaction ID: 19129253

Amount of Each Receipt this Period

255.00

B.

Full Name (Last, First, Middle Initial)

Mr. Peter W Monge

Mailing Address 4220 Great Oak Road

City

Rockville

State

MD

Zip Code

20853-1855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montgomery General Hospit-
al

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	1

Transaction ID: 19129614

Amount of Each Receipt this Period

255.00

C.

Full Name (Last, First, Middle Initial)

Ms. Peggy Naleppa

Mailing Address 100 East Carroll Street

City

Salisbury

State

MD

Zip Code

21801-5422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peninsula Regional Health
System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	1

Transaction ID: 19129617

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)

765.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Barry P Ronan

Mailing Address P O Box 539

City

Cumberland

State

MD

Zip Code

21501-0539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Maryland Regional
Medical Cent

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 19129619

Amount of Each Receipt this Period

510.00

B.

Full Name (Last, First, Middle Initial)

Ms. Mary L. Blunt

Mailing Address 801 Hidden Harbor Ct.

City

Chesapeake

State

VA

Zip Code

23322-7076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Norfolk General
Hospital

Occupation

Vice President and Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 1

Transaction ID: 19129653

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Nicholas Carosi, III

Mailing Address 215 N Fairfax Street

City

Alexandria

State

VA

Zip Code

22314-2636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 1

Transaction ID: 19129654

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1210.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 109

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Charles Ewing, Jr

Mailing Address 1322 Merchant Lane

City

McLean

State

VA

Zip Code

22101-2413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health SystemOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	1

Transaction ID: 19129656

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms. Grace Hines

Mailing Address 170 Spoon Court

City

Yorktown

State

VA

Zip Code

23693-5591

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara HealthcareOccupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	1

Transaction ID: 19129858

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. David Maizel

Mailing Address 1281 Hebden Cove

City

Virginia Bch

State

VA

Zip Code

23452-4607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara HealthcareOccupation
Vice President, Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	1

Transaction ID: 19129861

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Judie S. Snipes

Mailing Address 77 Gloucester Court

City

Troutville

State

VA

Zip Code

24175-6625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carilion Clinic

Occupation

Senior Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 1

Transaction ID: 19129862

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms. Rosemarie Cazeau

Mailing Address 840 S. Bodin Street

City

Hinsdale

State

IL

Zip Code

60521-4377

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adventist Hinsdale Hospital

Occupation

Trustee

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: 19134879

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Dr. M. Joy Drass, M.D.

Mailing Address 5565 Sterrett Place
5th Floor

City

Columbia

State

MD

Zip Code

21044-2665

FEC ID number of contributing
federal political committee.

C

Name of Employer
MedStar Health

Occupation

Executive Vice President-Washington Re

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: 19134880

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 109

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Christopher J. Durovich, FACHE

Mailing Address 1935 Medical District Drive

City

Dallas

State

TX

Zip Code

75235-7701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's Medical Center
of Dallas

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	1	1

Transaction ID: 19134881

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mark Doak

Mailing Address RR 1 Box 180

City

Beverly

State

WV

Zip Code

26253-9753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Davis Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	1

Transaction ID: 19134889

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Leslie G Wyatt

Mailing Address 2924 Brook Road

City

Richmond

State

VA

Zip Code

23220-1215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	0	/	2	0	1	1

Transaction ID: 19135065

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Bruce James

Mailing Address 659 Boulevard

City

Dover

State

OH

Zip Code

44622-2026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Transaction ID: 19135430

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Stephen Cumbie

Mailing Address 837 Mackall Drive

City

McLean

State

VA

Zip Code

22101-1615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation

Manager & Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: 19135517

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Connie Garnett

Mailing Address 1505 Powhatan Ct

City

Norfolk

State

VA

Zip Code

23508-1021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Healthcare

Occupation

Vice President of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: 19135518

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 109

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Richard L. Haushalter

Mailing Address 2010 Health Campus Drive

City

Harrisonburg

State

VA

Zip Code

22801-3293

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockingham Memorial Hospi-
tal

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: 19135519

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Patrick B. Nolan

Mailing Address 1000 North Shenandoah Avenue

City

Front Royal

State

VA

Zip Code

22630-3547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warren Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: 19135521

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Alfred E. Pilon, Jr.

Mailing Address 1840 Amherst Street

City

Winchester

State

VA

Zip Code

22601-2808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Health System

Occupation

President, Winchester Medical Center

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: 19135522

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 109

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. J Knox Singleton

Mailing Address 8110 Gatehouse Road

City

Falls Church

State

VA

Zip Code

22042-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: 19135523

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms. Connie Thompson-Bodkin

Mailing Address 1845 Rein Lane

City

Virginia Beach

State

VA

Zip Code

23456-6932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Healthcare

Occupation

Vice President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: 19135524

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kenneth Bateman, CPA

Mailing Address 6 Avalon Court

City

Flemington

State

NJ

Zip Code

08822-3383

FEC ID number of contributing
federal political committee.

C

Name of Employer
Somerset Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: 19143800

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Patricia Ostaszewski, MS

Mailing Address 54 Bay Way

City

Brick

State

NJ

Zip Code

08723-7361

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthsouth Rehabilitation
Hospital of

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: 19143874

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Rashid Baddoura, MD

Mailing Address 120 Heights Road

City

Ridgewood

State

NJ

Zip Code

07450-2412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Health System

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: 19146113

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Peter W. Diestel

Mailing Address 279 Brookside Avenue

City

Allendale

State

NJ

Zip Code

07401-1848

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Health System

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: 19146122

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Gary S Horan, FACHE

Mailing Address 1206 Hemlock Avenue

City

Sea Girt

State

NJ

Zip Code

08750-1720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinitas Regional Medical
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: 19146131

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Adam Jarrett

Mailing Address 1064 Westwood Avenue

City

Old Tappan

State

NJ

Zip Code

07675-7211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holy Name Medical Center

Occupation

CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: 19146132

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph M Lemaire

Mailing Address 280 Autumn Terrace

City

Franklin Lakes

State

NJ

Zip Code

07417-2716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holy Name Medical Center

Occupation

Executive Vice President and Chief Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: 19146139

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Eric J. Beyer

Mailing Address 641 Salem End Road

City

Framingham

State

MA

Zip Code

01702-5529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tufts Medical Center

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: 19146171

Amount of Each Receipt this Period

262.50

B.

Full Name (Last, First, Middle Initial)

Ms Patty Crowley

Mailing Address Five New England Executive Park

City

Burlington

State

MA

Zip Code

01803-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts Hospital As-
sociation

Occupation

Vice President, Governance & Member Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: 19146173

Amount of Each Receipt this Period

262.50

C.

Full Name (Last, First, Middle Initial)

Mr. Charles Gijanto

Mailing Address 164 High Street

City

Greenfield

State

MA

Zip Code

01301-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baystate Franklin Medical
Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: 19146174

Amount of Each Receipt this Period

562.50

SUBTOTAL of Receipts This Page (optional)

1087.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. K. Eric Henrikson

Mailing Address 185 Mystic Valley Prkwy

City

Winchester

State

MA

Zip Code

01890

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hallmark Health System

Occupation

Chairman Dept. Radiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: 19146176

Amount of Each Receipt this Period

262.50

B.

Full Name (Last, First, Middle Initial)

Dr Richard Iseke, MD

Mailing Address 41 Highland Avenue

City

Winchester

State

MA

Zip Code

01890-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winchester Hospital

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: 19146177

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Mr. Dennis D Keefe

Mailing Address 1493 Cambridge Street

City

Cambridge

State

MA

Zip Code

02139-1047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambridge Health Alliance

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: 19146178

Amount of Each Receipt this Period

1125.00

SUBTOTAL of Receipts This Page (optional)

1762.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Dale M Lodge

Mailing Address 41 Highland Avenue

City

Winchester

State

MA

Zip Code

01890-1496

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winchester Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: 19146181

Amount of Each Receipt this Period

1125.00

B.

Full Name (Last, First, Middle Initial)

Mr. Edward H Moore

Mailing Address 100 South Street

City

Southbridge

State

MA

Zip Code

01550-4051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harrington Memorial Hospi-
tal

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: 19146184

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph J Mullany

Mailing Address 132 Turnpike Road
Suite 200

City

Southborough

State

MA

Zip Code

01772-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vanguard Health Systems
New England Ma

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: 19146185

Amount of Each Receipt this Period

1125.00

SUBTOTAL of Receipts This Page (optional)

2625.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 109

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mark J. Rich

Mailing Address 100 North Washington Street

City

Boston

State

MA

Zip Code

02114-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steward Healthcare System,
LLC

Occupation

Executive Vice President Strategy&Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	1	1

Transaction ID: 19146189

Amount of Each Receipt this Period

1125.00

B.

Full Name (Last, First, Middle Initial)

Mr. R David Richer

Mailing Address 189 May Street

City

Worcester

State

MA

Zip Code

01602-4339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairlawn Rehabilitation
Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	1	1

Transaction ID: 19146190

Amount of Each Receipt this Period

262.50

C.

Full Name (Last, First, Middle Initial)

Ms. Catherine Robertson

Mailing Address 41 Highland Avenue

City

Winchester

State

MA

Zip Code

01890-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winchester Hospital

Occupation

V.P. Facilities & Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	1	1

Transaction ID: 19146191

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1762.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 109

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Kathy Schuler

Mailing Address 1 Alpine Circle

City

Wakefield

State

MA

Zip Code

01880-1544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winchester Hospital

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	1	1

Transaction ID: 19146193

Amount of Each Receipt this Period

262.50

B.

Full Name (Last, First, Middle Initial)

Ms. Malisa Brown Schuyler

Mailing Address 800 Washington Street

City

Boston

State

MA

Zip Code

02111-1552

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tufts Medical Center

Occupation

Director of Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	1	1

Transaction ID: 19146194

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Peter W Siersma

Mailing Address P.O. Box 765

City

Williamsburg

State

MA

Zip Code

01096-0765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cooley Dickinson Hospital

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	1	1

Transaction ID: 19146195

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

862.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Kevin Smith

Mailing Address 41 Highland Avenue

City

Winchester

State

MA

Zip Code

01890-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winchester Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: 19146196

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Ms. Mary T Sweeney

Mailing Address 41 Highland Avenue

City

Winchester

State

MA

Zip Code

01890-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winchester Hospital

Occupation

Vice President Planning, Business Deve

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: 19146197

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Ms. Margaret M. Vosburgh

Mailing Address 800 Washington Street

City

Boston

State

MA

Zip Code

02111-1552

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tufts Medical Center

Occupation

Executive VP, COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: 19146198

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Toni R Ardabell, , R.N.

Mailing Address 5801 Bremon Road

City

Richmond

State

VA

Zip Code

23226-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bon Secours St. Mary's Ho-
spital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 1 1

Transaction ID: 19146221

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Ms. Robin Depauli

Mailing Address 8317 Stonewall Drive

City

Vienna

State

VA

Zip Code

22180-6949

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Hospital Center -
Arlington

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 1 1

Transaction ID: 19146223

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Teresa Edwards

Mailing Address 100 Sentara Circle

City

Williamsburg

State

VA

Zip Code

23188-1539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Williamsburg Regi-
onal Medical

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 1 1

Transaction ID: 19146225

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 109

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr Mark Ehret

Mailing Address 17309 Black Rock RD

City

Germantown

State

MD

Zip Code

20874-2245

FEC ID number of contributing
federal political committee.**C**Name of Employer
Inova Health System

Occupation

Assistant Vice President Design/Const.

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	1

Transaction ID: 19146226

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. John L Fitzgerald

Mailing Address 3600 Joseph Siewick Drive

City

Fairfax

State

VA

Zip Code

22033-1798

FEC ID number of contributing
federal political committee.**C**Name of Employer
Inova Fair Oaks Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	1

Transaction ID: 19146230

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Dr. Loring S Flint, Jr. MD

Mailing Address 759 Chestnut Street

City

Springfield

State

MA

Zip Code

01199-0001

FEC ID number of contributing
federal political committee.**C**Name of Employer
Baystate Health, Inc.

Occupation

Senior Vice President Medical Affairs

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	1

Transaction ID: 19146231

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 109

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Carol Flynn

Mailing Address 120 50th Street

City

Virginia Beach

State

VA

Zip Code

23451-2419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Healthcare

Occupation

Marketing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	1

Transaction ID: 19146232

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Anthony Nader

Mailing Address 13311 Ivakota Farm Rd

City

Clifton

State

VA

Zip Code

20124-1542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	1

Transaction ID: 19146237

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Ms. Heather Russell

Mailing Address 3300 Gallow Rd

City

Falls Church

State

VA

Zip Code

22042-3307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Fairfax Hospital

Occupation

Sr Dir, Critical Care & Neuro Sciences

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	1

Transaction ID: 19146238

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Kevin Sheppard

Mailing Address 4712 Greenbrooke Drive

City

Glen Allen

State

VA

Zip Code

23060-6177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bon Secours St. Francis
Medical Center

Occupation

Vice President, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 1 1

Transaction ID: 19146239

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. James Swisher

Mailing Address 62210 North Danford St

City

Fredericksburg

State

VA

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Washington Hospital

Occupation

Vice President Support Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 1 1

Transaction ID: 19146241

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. John M. Toups

Mailing Address 1460 Waggaman Circle

City

McLean

State

VA

Zip Code

22101-4004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 1 1

Transaction ID: 19146242

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 109

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. B. Bradford Billings

Mailing Address 2829 Cheswick Rd.

City

Quincy

State

IL

Zip Code

62301-6380

FEC ID number of contributing
federal political committee.**C**Name of Employer
Blessing Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	1	1

Transaction ID: 19146418

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Anna N Evans, JD

Mailing Address 701 North First Street

City

Springfield

State

IL

Zip Code

62781-0001

FEC ID number of contributing
federal political committee.**C**Name of Employer
Memorial Health System

Occupation

General Counsel and Vice President Int

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	1	1

Transaction ID: 19146421

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. James P Evans, ESQ

Mailing Address 2400 North Rockton Avenue

City

Rockford

State

IL

Zip Code

61103-3655

FEC ID number of contributing
federal political committee.**C**Name of Employer
Rockford Memorial Hospital

Occupation

Vice President Legal Affairs and Gener

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	1	1

Transaction ID: 19146422

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Richard S Kowalski, FACHE

Mailing Address 3333 North Seminary Street

City

Galesburg

State

IL

Zip Code

61401-1299

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSF St. Mary Medical Cent-
er

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 1

Transaction ID: 19146716

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Michele Lippert, RN, MS

Mailing Address 1754 Rowntree Ln

City

Rockford

State

IL

Zip Code

61107-2759

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockford Memorial Hospital

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 1

Transaction ID: 19146717

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Patrick M Magoon

Mailing Address 2300 Children's Plaza

City

Chicago

State

IL

Zip Code

60614-3394

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's Memorial Hospi-
tal

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 1

Transaction ID: 19146718

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Kathleen C Yosko

Mailing Address P O Box 795

City

Wheaton

State

IL

Zip Code

60187-0795

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marianjoy Rehabilitation
Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 1

Transaction ID: 19148451

Amount of Each Receipt this Period

340.00

B.

Full Name (Last, First, Middle Initial)

Mr. Terry Williams

Mailing Address 7435 West Talcott Avenue

City

Chicago

State

IL

Zip Code

60631-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Resurrection Health Care

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 1

Transaction ID: 19148452

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. William Kose, MD

Mailing Address 1900 South Main Street

City

Findlay

State

OH

Zip Code

45840-1214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blanchard Valley Health
System

Occupation

Senior Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 1

Transaction ID: 19171259

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

840.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Mina H Ubbing

Mailing Address 401 North Ewing Street

City

Lancaster

State

OH

Zip Code

43130-3372

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairfield Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 1

Transaction ID: 19171375

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Mr. Matthew J Perry

Mailing Address 2951 Maple Avenue

City

Zanesville

State

OH

Zip Code

43701-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis HealthCare System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 1

Transaction ID: 19171540

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Ms. Elizabeth L Aderholdt

Mailing Address 8077 Hawkecrest Drive

City

Grand Blanc

State

MI

Zip Code

48439-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesys Health System

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172029

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

885.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert B Aikens

Mailing Address PO Box 1336

City

Boca Grande

State

FL

Zip Code

33921-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaumont Hospitals

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172031

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Amy Barkholz

Mailing Address 905 Sanctuary Dr.

City

Mason

State

MI

Zip Code

48854-1390

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172034

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard C Breon

Mailing Address 100 Michigan Street NE

City

Grand Rapids

State

MI

Zip Code

49503-2560

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spectrum Health

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172035

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mark Brett

Mailing Address 339 Kensington Road

City

East Lansing

State

MI

Zip Code

48823-4046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sparrow Hospital

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172038

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Denise Brooks-Williams

Mailing Address 300 North Avenue

City

Battle Creek

State

MI

Zip Code

49017-3307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Battle Creek Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172039

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Lynn Bruchhof

Mailing Address 5409 Vandermere Dr.

City

Midland

State

MI

Zip Code

48642-7365

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidMichigan Health

Occupation

VP Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172040

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Edward Bruff

Mailing Address 1447 North Harrison Street

City

Saginaw

State

MI

Zip Code

48602-4727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Medical Center

Occupation

Executive Vice President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172041

Amount of Each Receipt this Period

450.00

B.

Full Name (Last, First, Middle Initial)

Mr. Barton Buxton

Mailing Address 1375 North Main Street

City

Lapeer

State

MI

Zip Code

48446-1350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lapeer Regional Medical
Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172045

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert F Casalou

Mailing Address 26462 Glenwood Dr.

City

Novi

State

MI

Zip Code

48374-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Mercy Hospital

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172047

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms Maggie Coleman

Mailing Address 1730 Iroquois Trail

City

Hastings

State

MI

Zip Code

49058-9758

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennock Hospital

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172049

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Brian M Connolly

Mailing Address One Parklane Boulevard, Suite 1000

City

Dearborn

State

MI

Zip Code

48126-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakwood Healthcare, Inc.

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172050

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Paul Conway

Mailing Address 44010 Deep Hollow Circle

City

Northville

State

MI

Zip Code

48168-8412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakwood Healthcare, Inc.

Occupation
SVP, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172052

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Catherine M. DeVet

Mailing Address 281 Rolling Hills Lane

City

Petoskey

State

MI

Zip Code

49770-9602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northern Michigan Regional
Hospital

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172054

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)

Mr. J. Joseph Diederich

Mailing Address 365 Windy Crest Drive

City

Ann Arbor

State

MI

Zip Code

48105-3014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakwood Healthcare, Inc.

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172059

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. J Patrick Dyson

Mailing Address 1521 Gull Road

City

Kalamazoo

State

MI

Zip Code

49048-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Borgess Medical Center

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172060

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John C. Erb

Mailing Address 8417 N. Gills Pier Road

City

Northport

State

MI

Zip Code

49670-9538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Munson Healthcare

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172061

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Georgia R Fojtasek

Mailing Address 205 North East Avenue

City

Jackson

State

MI

Zip Code

49201-1753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allegiance Health

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172064

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. James Full

Mailing Address 826 W King Street

City

Owosso

State

MI

Zip Code

48867-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172067

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Kathrine Garthe

Mailing Address 9691 E. Seth RD.

City

Northport

State

MI

Zip Code

49670-0217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Munson Healthcare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172069

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Dwight Gascho

Mailing Address 170 North Caseville Road

City

Pigeon

State

MI

Zip Code

48755-9704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scheurer Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172071

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Daniel M. George

Mailing Address 672 Morningside Drive

City

Grand Blanc

State

MI

Zip Code

48439-2312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Medical Center

Occupation

Vice President, Ambulatory Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172073

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 109

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Ira R. Ginsburg

Mailing Address 2745 Southwood Drive

City

East Lansing

State

MI

Zip Code

48823-2344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sparrow Hospital

Occupation

Senior Vice President Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	1

Transaction ID: 19172074

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. David Graser

Mailing Address 408 Bishop Woods Road

City

Marquette

State

MI

Zip Code

49855-8608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marquette General Health
System

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	1

Transaction ID: 19172076

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mark E Gronda

Mailing Address 1447 North Harrison Street

City

Saginaw

State

MI

Zip Code

48602-4727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Medical Center

Occupation

Vice President and Chief Financial Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	1

Transaction ID: 19172078

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 60 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mrs. Sylvia Hagenlocker

Mailing Address 290 Lone Pine Rd.

City

Bloomfield Hills

State

MI

Zip Code

48304-3543

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaumont Hospitals

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172079

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Gary Henriksen

Mailing Address 350 Crosswind Drive

City

Dimondale

State

MI

Zip Code

48821-9795

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation
Chief Finance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172081

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Mr Michael Herbert

Mailing Address 1946 Leader Drive, Apt 202

City

Rochester Hills

State

MI

Zip Code

48307-6114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaumont Hospitals

Occupation
Senior Vice President/Exec Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172083

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Jan Hillman

Mailing Address 2050 W Grove Street

City

Marquette

State

MI

Zip Code

49855-9637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marquette General Health
System

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172084

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Edith M Hughes

Mailing Address 24498 E River Road

City

Grosse Ile

State

MI

Zip Code

48138-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakwood Healthcare, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172086

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. William D. Isenstein

Mailing Address 5340 Cedar Grove Court

City

West Bloomfield

State

MI

Zip Code

48322-1574

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakwood Healthcare, Inc.

Occupation

Health Care Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172088

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr John Keuten

Mailing Address 570 Brittany Court

City

Rochester Hills

State

MI

Zip Code

48309-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakwood Healthcare, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172094

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark D. Kolins, MD

Mailing Address 777 Overhill Road

City

Bloomfield Village

State

MI

Zip Code

48301-2571

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaumont Hospitals

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172096

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Donald C Kooy

Mailing Address 401 South Ballenger Highway

City

Flint

State

MI

Zip Code

48532-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer
McLaren Regional Medical
Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172097

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 109

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. John M. Kosanovich, MD

Mailing Address 25 E. Hannum Blvd.

City

Saginaw

State

MI

Zip Code

48602-1937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Medical Center

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	1

Transaction ID: 19172098

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Mr. William P Lawrence

Mailing Address 1221 South Drive

City

Mount Pleasant

State

MI

Zip Code

48858-3257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Michigan Community
Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	1

Transaction ID: 19172103

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr Seth Lloyd

Mailing Address 1020 Bishop Road

City

Grosse Pointe Park

State

MI

Zip Code

48230-1421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakwood Healthcare, Inc.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	1

Transaction ID: 19172107

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. David L. Marcellino

Mailing Address 41511 Thoreau Ridge

City

Novi

State

MI

Zip Code

48377-2853

FEC ID number of contributing
federal political committee.

C

Name of Employer
Botsford Hospital

Occupation

Corporate Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172108

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. David Mazurkiewicz

Mailing Address 424 Sunset

City

White Lake

State

MI

Zip Code

48383-2875

FEC ID number of contributing
federal political committee.

C

Name of Employer
McLaren Health Care Corpo-
ration

Occupation

System VP - Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172110

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Nancy McKeague

Mailing Address 627 N Harrison

City

East Lansing

State

MI

Zip Code

48823-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172113

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Barbara Medvec

Mailing Address 5686 Briar Glen

City

Saline

State

MI

Zip Code

48176-9537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakwood Healthcare, Inc.

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172115

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)

Mr. Shahin Motakef

Mailing Address 25727 Stonebridge Ave

City

Mattawan

State

MI

Zip Code

49071-7737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Borgess Health

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172117

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Rodney M Nelson

Mailing Address 220 Burdette Street

City

Saint Ignace

State

MI

Zip Code

49781-1712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mackinac Straits Hospital
and Health C

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172120

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Edwin Ness

Mailing Address 1105 Sixth Street

City

Traverse City

State

MI

Zip Code

49684-2345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Munson Healthcare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172121

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas Ostrander

Mailing Address 5433 Zimmer Road

City

Williamston

State

MI

Zip Code

48895-9181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sparrow Hospital

Occupation

Vice President of Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172122

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Ms. Francine M Padgett

Mailing Address 4005 Orchard Drive

City

Midland

State

MI

Zip Code

48670-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidMichigan Health

Occupation

Senior Vice President and Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172123

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. William Peterson

Mailing Address 2665 Daleview Drive

City

Ann Arbor

State

MI

Zip Code

48105-9603

FEC ID number of contributing
federal political committee.

C

Name of Employer
McLaren Health Care Corpo-
ration

Occupation

VP, Employee & Labor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172124

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Steve Pirog

Mailing Address 200 Jefferson Avenue SE

City

Grand Rapids

State

MI

Zip Code

49503-4502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Mary's Health Care

Occupation

Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172126

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Diane M. Radloff

Mailing Address 3211 Governors Lane

City

Commerce Township

State

MI

Zip Code

48390-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Providence Health
System

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172129

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mrs. Donna J. Rapp

Mailing Address 2330 N Deer Valley

City

Midland

State

MI

Zip Code

48642-8800

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidMichigan Health

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172130

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Paula Reichle

Mailing Address 919 Hagadorn Road

City

Mason

State

MI

Zip Code

48854-9336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sparrow Hospital

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172131

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Ginger Renkiewicz

Mailing Address 24750 Nottingham Drive

City

Novi

State

MI

Zip Code

48374-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinity Health

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172132

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Phyllis J. Reynolds

Mailing Address 29380 Marimoor Drive

City

Southfield

State

MI

Zip Code

48076-1615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaumont Hospitals

Occupation

Vice President, Patient Care Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172133

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Brian L. Rodgers

Mailing Address 3979 N. Perrine Road

City

Midland

State

MI

Zip Code

48642-8336

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidMichigan Health

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172134

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Gregory H Rogers

Mailing Address 4005 Orchard Drive

City

Midland

State

MI

Zip Code

48670-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidMichigan Medical Center-Midland

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172135

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. John F. Schaefer

Mailing Address 380 N. Old Woodward STE. 320

City

Birmingham

State

MI

Zip Code

48009-1099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaumont Hospitals

Occupation

Hospital Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172137

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Elizabeth S. Schnettler

Mailing Address 9120 Port Austin Road

City

Bay Port

State

MI

Zip Code

48720-9770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital Council of East
Central Michi

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172138

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. David Seaman

Mailing Address 805 Ledge Moor Blvd.

City

Grand Ledge

State

MI

Zip Code

48837-2037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172141

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 109

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Paul A Spaude, FACHE

Mailing Address 1521 Gull Road

City

Kalamazoo

State

MI

Zip Code

49048-1640

FEC ID number of contributing
federal political committee.**C**Name of Employer
Borgess Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	1

Transaction ID: 19172145

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Roger Spoelman

Mailing Address 1500 East Sherman Boulevard

City

Muskegon

State

MI

Zip Code

49444-1849

FEC ID number of contributing
federal political committee.**C**Name of Employer
Mercy Health Partners, Me-
rcy Campus

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	1

Transaction ID: 19172146

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Carol Stoll

Mailing Address 7630 Laurie Lane N.

City

Saginaw

State

MI

Zip Code

48609-4909

FEC ID number of contributing
federal political committee.**C**Name of Employer
Covenant Medical Center

Occupation

Vice President, Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	1

Transaction ID: 19172147

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Richard Swaine

Mailing Address 34603 Bretton

City

Livonia

State

MI

Zip Code

48152-1161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaumont Hospitals

Occupation

Associate Director and Controller

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172148

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph M Tasse, FACHE

Mailing Address 27351 Dequindre

City

Madison Heights

State

MI

Zip Code

48071-3487

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Macomb-Oakland
Hospital, Oakl

Occupation

President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172149

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kevin B. Tompkins

Mailing Address 8110 Cotswold Lane

City

Clarkston

State

MI

Zip Code

48348-4363

FEC ID number of contributing
federal political committee.

C

Name of Employer
McLaren Health Care Corpo-
ration

Occupation

Vice President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172153

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Matthew G. Van Vranken

Mailing Address 5669 Watermark Court SE

City

Grand Rapids

State

MI

Zip Code

49546-6487

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spectrum Health

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172155

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Henry A Veenstra

Mailing Address 8333 Felch Street

City

Zeeland

State

MI

Zip Code

49464-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spectrum Health Zeeland
Community Hosp

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172157

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mark Vipperman

Mailing Address 4293 W Hansen

City

Ludington

State

MI

Zip Code

49431-9610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Medical Center
of West Michig

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172158

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Douglas D Welday

Mailing Address One Parklane Boulevard, Suite 1000

City

Dearborn

State

MI

Zip Code

48126-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakwood Healthcare, Inc.

Occupation

Executive Vice President and Chief Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172160

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Tim Wenzel

Mailing Address 555 Northview Drive

City

Frankenmuth

State

MI

Zip Code

48734-9304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Medical Center

Occupation

Director of Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172163

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Terrence L. Wernette

Mailing Address 711 W. Ardussi

City

Frankenmuth

State

MI

Zip Code

48734-1409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Medical Center

Occupation

Director of Pharmacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172164

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Mary Zatina

Mailing Address 605 Chicago Boulevard

City

Detroit

State

MI

Zip Code

48202-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakwood Healthcare, Inc.

Occupation

SVP, Gov't Rel, Corp Planning & Commun

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: 19172167

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Senior Vice President & General Counse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR1045726225141

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. David Schulke

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

VP Research Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR1057462125141

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

410.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 109

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Stephanie H. Drake

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Associate Executive Director - ASHHRA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.55

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	1

Transaction ID: PR1492459925141

Amount of Each Receipt this Period

81.66

P/R Deduction (\$40.83 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Ms. Lisa Grabert

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Senior Associate Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	1

Transaction ID: PR1671258625141

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Mr Robert P. David

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	1

Transaction ID: PR1677512425141

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

241.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Erik Rasmussen

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR1819487925141

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR327629125141

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City State Zip Code
Oak Park IL 60304-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR327777825141

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Chief Executive Officer, AONE & Sr. Vi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR327812025141

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR327858025141

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code
Millis MA 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR327877825141

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. George F. Bergstrom

Mailing Address 130 North Garland Court
#3002

City State Zip Code
Chicago IL 60602-4750

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR327895725141

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Richard J. Umbdenstock

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR328132825141

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Barbara Lorschbach

Mailing Address 204 7th Ave

City State Zip Code
La Grange IL 60525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR328136925141

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR328223825141

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR328260925141

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director, Political Action & Grassroot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR328341825141

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 109

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City

Yardley

State

PA

Zip Code

19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	1

Transaction ID: PR328511825141

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Anthony J. Burke

Mailing Address One North Franklin Ave.

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

President & CEO, AHA Solutions, Inc. &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	1

Transaction ID: PR328913325141

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Dr. John R. Combes

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	1

Transaction ID: PR329071325141

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR329215725141

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City

Apple Valley

State

MN

Zip Code

55124-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR330475425141

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR330549225141

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 109

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director Advocacy and Public Policy Op

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	1

Transaction ID: PR331304225141

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald May

Mailing Address 521 Great Falls St.

City

Falls Church

State

VA

Zip Code

22046-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Vice President, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	1

Transaction ID: PR331533225141

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Summy

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President, PMG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	1

Transaction ID: PR346168125141

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Megan Cundari

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

379.60

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: PR518031925141

Amount of Each Receipt this Period

82.72

P/R Deduction (\$41.36 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

82.72

TOTAL This Period (last page this line number only)

80731.80

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 109

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City

Rensselaer

State

NY

Zip Code

12144

FEC ID number of contributing
federal political committee.**C** C00160259

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: 19126440

Amount of Each Receipt this Period

20000.00

B.

Full Name (Last, First, Middle Initial)

Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

Mailing Address Post Office Box 8600

City

Harrisburg

State

PA

Zip Code

17105-8600

FEC ID number of contributing
federal political committee.**C** C00128082

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	1	1

Transaction ID: 19126446

Amount of Each Receipt this Period

10000.00

C.

Full Name (Last, First, Middle Initial)

Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

Mailing Address Post Office Box 8600

City

Harrisburg

State

PA

Zip Code

17105-8600

FEC ID number of contributing
federal political committee.**C** C00128082

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	1

Transaction ID: 19126744

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)

40000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 109

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: 19133143

Amount of Each Receipt this Period

20000.00

B.

Full Name (Last, First, Middle Initial)

Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City State Zip Code
Austin TX 78761-5587

FEC ID number of contributing
federal political committee.

C C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

61300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 1 1

Transaction ID: 19134888

Amount of Each Receipt this Period

26700.00

SUBTOTAL of Receipts This Page (optional)

46700.00

TOTAL This Period (last page this line number only)

86700.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 109

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

TENET Healthcare Corporation Federal PAC

Mailing Address 1445 Ross Avenue
Suite 1400

City	State	Zip Code
Dallas	TX	75202

FEC ID number of contributing
federal political committee.**C** C00119354

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: 19129604

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 109

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.69

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: 19174425

Amount of Each Receipt this Period

75.41

Interest Earned

B.

Full Name (Last, First, Middle Initial)

TD Bank

Mailing Address 901 Seventh Street, NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.05

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: 19174426

Amount of Each Receipt this Period

184.38

Interest Earned

SUBTOTAL of Receipts This Page (optional)

259.79

TOTAL This Period (last page this line number only)

259.79

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 89 / 109

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Wicker For Senate

Mailing Address PO Box 64

City
Jackson

State
MS

Zip Code
39205

Purpose of Disbursement
Contribution

Candidate Name
Sen. Roger Wicker

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District:

Transaction ID: 19129251

Date of Disbursement

05 / 04 / 2011

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Larson For Congress

Mailing Address 109 Pitkin Street

City
East Hartford

State
CT

Zip Code
06108

Purpose of Disbursement
Contribution

Candidate Name
Rep. John B. Larson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 01

Transaction ID: 19129257

Date of Disbursement

05 / 04 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Jim Jordan For Congress

Mailing Address 1709 State Route 560 South

City
Urbana

State
OH

Zip Code
43078

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jim Jordan

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 04

Transaction ID: 19129259

Date of Disbursement

05 / 04 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 90 / 109

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Bob Goodlatte For Congress Committee

Mailing Address P.O. Box 292

City Roanoke State VA Zip Code 24002

Purpose of Disbursement
Contribution

Candidate Name
Rep. Robert W. Goodlatte

Office Sought: ☒ House
☐ Senate
☐ President

State: VA District: 06

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 19129260

Date of Disbursement

05 / 04 / 2011

Amount of Each Disbursement this Period

2500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Ben Cardin For Senate

Mailing Address P.O. Box 21093

City Catonsville State MD Zip Code 21228

Purpose of Disbursement
Contribution

Candidate Name
Sen. Benjamin Cardin

Office Sought: ☐ House
☒ Senate
☐ President

State: MD District:

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 19129261

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

2000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Hatch Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
Contribution

Candidate Name
Sen. Orrin G. Hatch

Office Sought: ☐ House
☒ Senate
☐ President

State: UT District:

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 19129262

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 91 / 109

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Bilirakis For Congress	Transaction ID: 19129263 Date of Disbursement																				
Mailing Address PO Box 606	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	0		2	0	1	1												
City Tarpon Springs State FL Zip Code 34688	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Gus M. Bilirakis	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 09	Contribution																				
B. Full Name (Last, First, Middle Initial) Volunteers For Shimkus	Transaction ID: 19129264 Date of Disbursement																				
Mailing Address 700 12th STreet NW Suite 700	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	0		2	0	1	1												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. John M. Shimkus	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 19	Contribution																				
C. Full Name (Last, First, Middle Initial) Hansen Clarke for Congress	Transaction ID: 19129265 Date of Disbursement																				
Mailing Address 1448 Woodward Avenue - #305	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	0		2	0	1	1												
City Detroit State MI Zip Code 48226	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Hansen Clarke	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 13	Contribution																				

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Rob Andrews U.S. House Committee

Mailing Address 215 Fourth Avenue

City State Zip Code
Haddon Heights NJ 07076Purpose of Disbursement
ContributionCandidate Name
Rep. Robert E. Andrews011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 01

Transaction ID: 19129266

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Gillibrand For Senate

Mailing Address 236 Massachusetts Ave Suite 110

City State Zip Code
Washington DC 20002Purpose of Disbursement
ContributionCandidate Name
Sen. Kirsten E. Gillibrand011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District:

Transaction ID: 19129267

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Amount of Each Disbursement this Period

2000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Jane Corwin For Congress Committee Inc

Mailing Address PO Box 15385

City State Zip Code
Rochester NY 14615Purpose of Disbursement
ContributionCandidate Name
Ms. Jane Corwin011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼

State: NY District: 26 Special-General 2011

Transaction ID: 19129413

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Rodney Alexander For Congress Inc.

Mailing Address 319 Nancy'S Road

City Quitman State LA Zip Code 71268

Purpose of Disbursement
Contribution

Candidate Name
Rep. Rodney Alexander

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 05

Transaction ID: 19129573

Date of Disbursement

05 / 13 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Contribution

Candidate Name
Rep. Joseph Crowley

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 07

Transaction ID: 19129574

Date of Disbursement

05 / 13 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Quigley For Congress

Mailing Address PO Box 13040

City Chicago State IL Zip Code 60613

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael Quigley

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 05

Transaction ID: 19129575

Date of Disbursement

05 / 13 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Russ Carnahan for Congress Committee	Transaction ID: 19129578 Date of Disbursement
Mailing Address 7000 Chippewa St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 3 / 2 0 1 1</div> </div>
City State Zip Code St Louis MO 63123	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Russ Carnahan	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
B. Full Name (Last, First, Middle Initial) Charlie Dent For Congress	Transaction ID: 19129582 Date of Disbursement
Mailing Address PO Box 442	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 3 / 2 0 1 1</div> </div>
City State Zip Code Allentown PA 18105	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>2000.00</div>
Candidate Name Rep. Charles W. Dent	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
C. Full Name (Last, First, Middle Initial) Cantor For Congress	Transaction ID: 19129585 Date of Disbursement
Mailing Address P. O. Box 17813	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 3 / 2 0 1 1</div> </div>
City State Zip Code Richmond VA 23226	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Eric I. Cantor	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
People For Patty Murray U.S. Senate Campaign

Mailing Address PO Box 3662

City State Zip Code
Seattle WA 98124

Purpose of Disbursement
2016 Contribution

Candidate Name
Sen. Patty Murray

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District:

Transaction ID: 19129595

Date of Disbursement

05 / 13 / 2011

Amount of Each Disbursement this Period

1250.00

2016 Contribution

B. Full Name (Last, First, Middle Initial)
Bluegrass Committee

Mailing Address 400 North Capitol St, NW
Suite 585

City State Zip Code
Washington DC 20001

Purpose of Disbursement
Void of 1/10 Disbursement

Candidate Name
Bluegrass Committee

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 19174427

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

-2500.00

Void of 1/10 Disbursement

C. Full Name (Last, First, Middle Initial)
Nelson 2012

Mailing Address PO Box 8666

City State Zip Code
Omaha NE 68108

Purpose of Disbursement
Void of 1/10 Disbursement

Candidate Name
Sen. Ben Nelson

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District:

Transaction ID: 19174428

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

-500.00

Void of 1/10 Disbursement

SUBTOTAL of Disbursements This Page (optional)

-1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Alamo PAC

Mailing Address 919 Congress Ave.
Suite 1400

City Austin State TX Zip Code 78701

Purpose of Disbursement
Void of 3/10 DisbursementCandidate Name
Alamo PAC011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 19174432

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

-1500.00

Void of 3/10 Disbursement

B.

Full Name (Last, First, Middle Initial)

Friends Of Glenn Thompson

Mailing Address PO Box 1112

City State College State PA Zip Code 16804

Purpose of Disbursement
Void of 6/10 DisbursementCandidate Name
Rep. Glenn W. Thompson011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 05

Transaction ID: 19174433

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

-1000.00

Void of 6/10 Disbursement

C.

Full Name (Last, First, Middle Initial)

ERIC PAC-Every Republican is Crucial PAC

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Void of 7/10 DisbursementCandidate Name
ERIC PAC-Every Republican is Crucial PAC011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 19174435

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

-1500.00

Void of 7/10 Disbursement

SUBTOTAL of Disbursements This Page (optional) ▶

-4000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Judy Biggert For Congress

Mailing Address P.O. Box 637

City
Hinsdale

State
IL

Zip Code
60522

Purpose of Disbursement
Void of 7/10 Disbursement

Candidate Name
Rep. Judy Biggert

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 13

Transaction ID: 19174436

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

-3000.00

Void of 7/10 Disbursement

B.

Full Name (Last, First, Middle Initial)

National Leadership PAC

Mailing Address 635 B Pennsylvania Ave.

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Void of 7/10 Disbursement

Candidate Name
National Leadership PAC

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 19174437

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

-2000.00

Void of 7/10 Disbursement

C.

Full Name (Last, First, Middle Initial)

TENN PAC

Mailing Address 228 S. Washington Street
Suite 115

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
Void of 8/10 Disbursement

Candidate Name
TENN PAC

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 19174438

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

-3000.00

Void of 8/10 Disbursement

SUBTOTAL of Disbursements This Page (optional)

-8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.	<p>Full Name (Last, First, Middle Initial) Forbes For Congress</p>	Transaction ID: 19174440
	<p>Mailing Address PO Box 15100</p>	<p>Date of Disbursement <div> <div>05</div> <div>31</div> <div>2011</div> </div> </p>
	<p>City Chesapeake State VA Zip Code 23328</p>	Amount of Each Disbursement this Period
	<p>Purpose of Disbursement Void of 8/10 Disbursement</p> <p>Candidate Name Rep. J. Randy Forbes</p>	<div>-500.00</div>
	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: VA District: 04</p>	<div>011</div> <p>Category/ Type</p>
		Void of 8/10 Disbursement
B.	<p>Full Name (Last, First, Middle Initial) Walden For Congress</p>	Transaction ID: 19174442
	<p>Mailing Address PO Box 1091</p>	<p>Date of Disbursement <div> <div>05</div> <div>31</div> <div>2011</div> </div> </p>
	<p>City Hood River State OR Zip Code 97031</p>	Amount of Each Disbursement this Period
	<p>Purpose of Disbursement Void of 9/10 Disbursement</p> <p>Candidate Name Rep. Gregory P. Walden</p>	<div>-1000.00</div>
	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OR District: 02</p>	<div>011</div> <p>Category/ Type</p>
		Void of 9/10 Disbursement
C.	<p>Full Name (Last, First, Middle Initial) Simpson For Congress</p>	Transaction ID: 19174444
	<p>Mailing Address 1487 Parkway Drive</p>	<p>Date of Disbursement <div> <div>05</div> <div>31</div> <div>2011</div> </div> </p>
	<p>City Blackfoot State ID Zip Code 83221</p>	Amount of Each Disbursement this Period
	<p>Purpose of Disbursement Void of 9/10 Disbursement</p> <p>Candidate Name Rep. Michael K. Simpson</p>	<div>-1000.00</div>
	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: ID District: 02</p>	<div>011</div> <p>Category/ Type</p>
		Void of 9/10 Disbursement

SUBTOTAL of Disbursements This Page (optional)

-2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Feinstein For Senate

Mailing Address 1212 S Victory Blvd

City Burbank State CA Zip Code 91502

Purpose of Disbursement
Void of 2/11 Disbursement

Candidate Name
Sen. Dianne Feinstein

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2012 ☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District:

Transaction ID: 19174449

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

-2000.00

Void of 2/11 Disbursement

B.

Full Name (Last, First, Middle Initial)

Blue Dog PAC

Mailing Address 6849 Old Dominion Drive
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement
2011 Contribution

Candidate Name
Blue Dog PAC

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 19176036

Date of Disbursement

05 / 27 / 2011

Amount of Each Disbursement this Period

5000.00

2011 Contribution

C.

Full Name (Last, First, Middle Initial)

Republican Main Street Partnership PAC

Mailing Address 1350 Eye Street, NW
Suite 560

City Washington State DC Zip Code 20005

Purpose of Disbursement
2011 Contribution

Candidate Name
Republican Main Street Partnership PAC

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 19176119

Date of Disbursement

05 / 27 / 2011

Amount of Each Disbursement this Period

5000.00

2011 Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Reyes Committee, Inc., The

Mailing Address 1011 Montana Ave

City
El Paso

State
TX

Zip Code
79902

Purpose of Disbursement
Contribution

Candidate Name
Rep. Silvestre Reyes

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 16

Transaction ID: 19176167

Date of Disbursement

05 / 27 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Fattah For Congress

Mailing Address 3900 Ford Road Suite 12-O

City
Philadelphia

State
PA

Zip Code
19131

Purpose of Disbursement
Contribution

Candidate Name
Rep. Chaka Fattah

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 02

Transaction ID: 19176541

Date of Disbursement

05 / 27 / 2011

Amount of Each Disbursement this Period

2500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Friends Of Bill Posey

Mailing Address P. O. Box 360877

City
Melbourne

State
FL

Zip Code
32936

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bill Posey

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 15

Transaction ID: 19176838

Date of Disbursement

05 / 27 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Fleming For Congress

Mailing Address P.O. Box 1236

City
MindenState
LAZip Code
71058Purpose of Disbursement
ContributionCandidate Name
Rep. John C. Fleming, MD011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 04

Transaction ID: 19176877

Date of Disbursement

05 / 27 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

McCollum For Congress

Mailing Address P.O. Box 14131

City
St. PaulState
MNZip Code
55114Purpose of Disbursement
ContributionCandidate Name
Rep. Betty McCollum011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 04

Transaction ID: 19176928

Date of Disbursement

05 / 27 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Bob Casey for Senate Committee

Mailing Address 700 13th Street, NW
Suite 600City
WashingtonState
DCZip Code
20005Purpose of Disbursement
ContributionCandidate Name
Sen. Bob Casey011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District:

Transaction ID: 19177159

Date of Disbursement

05 / 27 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Fattah For Congress	Transaction ID: 19177211 Date of Disbursement
Mailing Address 3900 Ford Road Suite 12-O	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 1 1</div> </div>
City Philadelphia State PA Zip Code 19131	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Chaka Fattah	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
B. Full Name (Last, First, Middle Initial) Connolly For Congress	Transaction ID: 19177377 Date of Disbursement
Mailing Address PO Box 563	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 1 1</div> </div>
City Merrifield State VA Zip Code 22116	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Gerald E. Connolly	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
C. Full Name (Last, First, Middle Initial) Adam Smith For Congress Committee	Transaction ID: 19177699 Date of Disbursement
Mailing Address PO Box 23626	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 1 1</div> </div>
City Federal Way State WA Zip Code 98093	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. D. Adam Smith	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 09	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

America's Leadership PAC

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2011 ContributionCandidate Name
America's Leadership PACOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 19178262

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	1

Amount of Each Disbursement this Period

5000.00

2011 Contribution

B.

Full Name (Last, First, Middle Initial)

Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2011 ContributionCandidate Name
Democratic Senatorial Campaign CommitteeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 19178429

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	1

Amount of Each Disbursement this Period

15000.00

2011 Contribution

C.

Full Name (Last, First, Middle Initial)

CAMPAC: Continuing a Majority Party Action Cmte

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
2011 ContributionCandidate Name
CAMPAC: Continuing a Majority Party Action CmteOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 19178431

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	1

Amount of Each Disbursement this Period

5000.00

2011 Contribution

SUBTOTAL of Disbursements This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Karen Bass For Congress	Transaction ID: 19178437 Date of Disbursement
Mailing Address 777 S. Figueroa Street Suite 4050	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 0 / 2 0 1 1</div> </div>
City Los Angeles State CA Zip Code 90017	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Karen Bass	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 33	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
B. Full Name (Last, First, Middle Initial) Dave Camp For Congress	Transaction ID: 19178440 Date of Disbursement
Mailing Address 5915 Eastman Avenue Suite 100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 0 / 2 0 1 1</div> </div>
City Midland State MI Zip Code 48640	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name Rep. David Lee Camp	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
C. Full Name (Last, First, Middle Initial) Friends Of Frank Guinta	Transaction ID: 19178442 Date of Disbursement
Mailing Address P.O. Box 877	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 0 / 2 0 1 1</div> </div>
City Manchester State NH Zip Code 03105	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Frank Guinta	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Perlmutter For Congress	Transaction ID: 19178444 Date of Disbursement																				
Mailing Address 3440 Youngfield Street #264	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	1	1												
City Wheat Ridge State CO Zip Code 80033	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Edwin Perlmutter	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
B. Full Name (Last, First, Middle Initial) Lee Terry For Congress	Transaction ID: 19178445 Date of Disbursement																				
Mailing Address PO Box 540098	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	1	1												
City Omaha State NE Zip Code 68154	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Lee Terry	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
C. Full Name (Last, First, Middle Initial) Tiberi For Congress	Transaction ID: 19178446 Date of Disbursement																				
Mailing Address 2931 E Dublin Granville Road Suite 190	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	1	1												
City Columbus State OH Zip Code 43231	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Patrick J. Tiberi	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Richard Hanna For Congress

Mailing Address 2308 Genesee Street

City
Utica

State
NY

Zip Code
13502

Purpose of Disbursement
Contribution

Candidate Name
Rep. Richard Hanna

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 24

Transaction ID: 19178447

Date of Disbursement

05 / 20 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Nadler For Congress

Mailing Address Village Station, PO Box 40

City
New York

State
NY

Zip Code
10014

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jerrold L. Nadler

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 08

Transaction ID: 19178448

Date of Disbursement

05 / 20 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Steve Austria For Congress

Mailing Address 20 S Limestone St Suite 390

City
Springfield

State
OH

Zip Code
45502

Purpose of Disbursement
Contribution

Candidate Name
Rep. Steve Austria

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 07

Transaction ID: 19178449

Date of Disbursement

05 / 20 / 2011

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Contribution

Candidate Name
Rep. Patrick J. Tiberi

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: 19178450

Date of Disbursement

05 / 20 / 2011

Amount of Each Disbursement this Period

1200.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Cole For Congress

Mailing Address P.O. Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement
Contribution

Candidate Name
Rep. Thomas Cole

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 04

Transaction ID: 19178451

Date of Disbursement

05 / 20 / 2011

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

66950.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) American Express Mailing Address Ste. 001	Transaction ID: 19174420 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	1	
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		0	5		2	0	1	1													
City Chicago State IL Zip Code 60679 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5.69</td> </tr> </table> Merchant Fees	5.69																				
5.69																						
B. Full Name (Last, First, Middle Initial) Newtek Merchant Solutions Mailing Address 744 N 4th Street City Milwaukee State WI Zip Code 53203 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 19174421 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>88.30</td> </tr> </table> Merchant Fees	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	2		2	0	1	1	88.30
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		0	2		2	0	1	1													
88.30																						
C. Full Name (Last, First, Middle Initial) Paymentech Mailing Address 14221 Dallas Parkway Building Two City Dallas State TX Zip Code 75254 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 19174423 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>218.05</td> </tr> </table> Merchant Fees	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	1	1	218.05
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		0	4		2	0	1	1													
218.05																						

SUBTOTAL of Disbursements This Page (optional)

312.04

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 109 / 109

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

Bank Fee

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 19174424

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2011

Amount of Each Disbursement this Period

3.21

Bank Fee

SUBTOTAL of Disbursements This Page (optional)

3.21

TOTAL This Period (last page this line number only)

315.25